Name of applicant agent			
Name and location of institution		Date submitted	
TYPE OF TRAINING RECEIVED BY THE APPLICANT AGENT:			
1. Classroom? Yes No			
(a) Give number of hours of classroom training:			
2. Field training? Yes No			
(a) Give number of hours field training:			
(b) Name of individual who supervised training:			
(c) Give explicit description of the field training:			
3. Indiana Code 20-1-19 and Rules and Regulations? Yes No			
(a) Number of hours in training:			
4. Course content? Yes No			
(a) Number of hours in training on course content:			
5. Total hours of training received prior to submission of this form:			
I hereby swear or affirm that the information supplied on this form is true.			
Signature of applicant			
STATE OF			
COUNTY OF			
Subscribed and sworn to before me this da	ay of	, 1	19
Signature of Notary	Printed name of Notary		
My Commission expires:	County of residence:		
The undersigned hereby certifies that the applicant agent has been thoroughly trained and understands Indiana Code 20-1-19, the Rules and Regulations of the Indiana commission on Proprietary Education and the correct appeal procedures in the event of agent license suspension. ( <i>Reference 570</i> IAC 1-5-4).			
Signature of Training Supervisor	Printed name and official capacity		
STATE OF			
COUNTY OF			
Subscribed and sworn to before me this da	y of	, 1	19
Signature of Notary	Printed name of Notary		
My Commission expires:	County of residence:		